


EXTERNAL UST SYSTEM RELEASE DETECTION WELL FORM

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Please mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UST BRANCH 200 FAIR OAKS, 2ND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 http://www.waste.ky.gov	FOR STATE USE ONLY												
1. Site Owner Information Site Owner Name: _____ Mailing Address: _____ City: _____ Phone: _____ ----- Well Number: _____		5. Driller Information Drilling Company: _____ Company Address: _____ City: _____ State, Zip: _____ Driller's Signature: _____ Date: _____ Driller's Certification Number: _____ (Groundwater Wells Only)													
2. General Well Construction Start Date : _____ Finish Date: _____ UST System Release Detection Method: _____ Groundwater Monitoring: _____ Vapor Monitoring: _____ Secondary Containment: _____ Installation Method: _____ Surface Elevation: _____ Total Depth of Well: _____ Depth to Groundwater: _____ Seasonal Groundwater Levels: _____ Tank Depth(s): _____		6. Well Construction Sketch (Attach additional sheet if needed)													
3. Well Construction Information Feet Below Surface <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		From	To	Description	_____	_____	_____	_____	_____	_____	_____	_____	_____	7. Site Sketch Map (Show relation of well to UST system)	
From	To	Description													
_____	_____	_____													
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4. Backfill or Lithologic Log <table border="1"> <thead> <tr> <th>From</th> <th>To</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>		From	To	Description	_____	_____	_____	_____	_____	_____	_____	_____	_____	8. Site Information Site Name: _____ Mailing Address: _____ City: _____ Phone: _____	
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